See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** NOVEMBER 1, , **2008, and ending** OCTOBER 31, , **20**09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GMP LOCAL#121B, C/O STEVE KOFNETKA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 159

City or town, state or country, and ZIP + 4
NEENAH, WI 54957-0159

D Employer identification number
39-6060367

E Telephone number

F Group Exemption Number . . ▶0183

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶ www.gmpiu.org

J **Organization type** (check only one) – ☒ 501(c) (5)◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 98,390

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	94,706
	4	Investment income	4	2,467
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ▶ MISCELLANEOUS RECEIPTS)	8	1,217
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	98,390
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE)	16	101,814
	17	Total expenses. Add lines 10 through 16 ▶	17	101,814
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,424)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	126,706
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	123,282

RECEIVED
JAN 25 2010
OGDEN, UT

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	113,631	22	110,207
23	Land and buildings		23	
24	Other assets (describe ▶ OFFICE EQUIPMENT)	13,075	24	13,075
25	**Total assets**	126,706	25	123,282
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	126,706	27	123,282

SCANNED JAN 29 2010

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

ISA

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? LOCAL LABOR UNION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	N/A
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	N/A
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	N/A
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	N/A
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SCHEDULE				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		

41 List the states with which a copy of this return is filed ▶ _____

42a The books are in care of ▶ FINANCIAL SECRETARY Telephone no ▶ _____

Located at ▶ ADDRESS IN BLOCK C ZIP + 4 ▶ _____

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer — Date: 1-11-10

STEVE KOSNETKA — FINANCIAL SECRETARY

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Fred Nee CPA	Date 1/7/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) P00 138735
Firm's name (or yours if self-employed), address, and ZIP + 4	GMP INTERNATIONAL UNION PO BOX 607, MEDIA,		EIN ▶23-0628010	Phone no ▶610-565-5051

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

GLASS, POTTERY, PLASTICS & ALLIED WORKERS

FORM 990-EZ

LOCAL UNION # 121B

NEENAH, WI
LOCATION

FILE # 025-182 EIN # 39-6060367

FISCAL YEAR ENDED: 10/31/2009

PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

Salaries and other compensation		41,352
Meeting expense		9,315
Office expense & supplies		6,042
Wage Conference		0
Educational Conference		5,651
Convention - State & National		1,259
Dues to Affiliates		8,945
Rent		14,400
Gifts & Sprays		1,145
Refunds		400
Charity		250
Auditors & Professional Fees(Legal)		2,100
Int'l dues, DBI, and W/D cards		1,432
Payroll Taxes		4,828
Investments - capital		0
Insurance		0
Mortgage Interest		0
Building Improvements		0
Benefits		0
Loans Made		0
Other	Union Functions	3,020
	Union Bibles	1,675
	0	0
		101,814

Other Expenses - Line 16 and Total Expenses - line 17 (Form 990-EZ) 101,814

Glass, Molders, Pottery, Plastics & Allied Workers

Local Union # 121B

Location: NEENAH, WI

EIN # 39-6060367

LM File # 025-182

Fiscal Year Ended 10/31/2009

FORM 990-EZ
PART IV, LIST OF OFFICERS, DIRECTORS, TRUSTEES, & KEY EMPLOYEES

(A) Name	(B) Title	(C) Compensation	(D) Contributions to Emp Ben Plans	(E) Expense Acct & Allowances
ROD RICE	Pres	6,279	0	1,737
MARTIN PENNY	V Pres	1,994	0	697
STEVE KOFNETKA	Fin Sec	5,052	0	1,150
LEE FISH	Rec Sec	2,063	0	349
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
TOTAL		15,388	0	3,933

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 09-30-2011

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MON DAY YEAR	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here ☐
E	025-182	From 11/01/2008 Through 10/31/2009	(b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here ☐
			(c) SUBSIDIARY – If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: ☐

4. AFFILIATION OR ORGANIZATION NAME
GLASS MOLDERS PLASTICS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)
LOCAL UNION

6 DESIGNATION NUMBER
121 B

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)
Yes ☒ No ☐

8. MAILING ADDRESS (Type or print in capital letters)

First Name: STEVE
Last Name: KOFNETKA
P O. Box – Building and Room Number (if any): PO BOX 159
Number and Street:
City: NEENAH
State: WI
ZIP Code + 4: 54957-0159

56. ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57.SIGNED: _____ PRESIDENT (If other title, see instructions.)
1-10-10 Date
920-727-9790 Telephone Number

58 SIGNED _____ TREASURER (If other title, see instructions)
1-11-10 Date
920-727-9790 Telephone Number

COMPLETE ITEMS 10 THROUGH 23

FILE NUMBER: 025-182

10. During the reporting period did the labor organization have a 'subsidiary organization" as defined in section X of the instructions?
Yes ☐ No ☒

11. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?
Yes ☐ No ☒

12. During the reporting period did the labor organization have a political action committee (PAC) fund?
Yes ☐ No ☒

13. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?
Yes ☐ No ☒

14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
Yes ☐ No ☒

15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)
Yes ☐ No ☒

16. During the reporting period did the labor organization have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?
Yes ☐ No ☒

17. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?
Yes ☐ No ☒

18. During the reporting period did the labor organization have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?
Yes ☐ No ☒

19. How many members did your organization have at the end of the reporting period?
553

20. What is the maximum amount recoverable under your organization's fidelity bond, for a loss caused by any officer or employee of your organization?
$25,000

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)
Yes ☐ No ☒

22. What is the date of your organization's next regular election of officers?
12/2009

23. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	14.00	per	MONTH		
(b) Initiation Fees	100.00	per	N/A		
(c) Transfer Fees	N/A	per			
(d) Work Permits	N/A	per			

If the answer to any of the above questions is "Yes", provide details in Item 56 (Additional Information) as explained in the instructions for each Item.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 025-182

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: RICE; First Name: ROD; Middle Initial:	Status: C	$6,279	$1,737	$8,016
Title: PRESIDENT				
2. Last Name: PENNY; First Name: MARTIN; Middle Initial:	Status: C	$1,994	$697	$2,691
Title: VICE PRESIDENT				
3. Last Name: KOFNETKA; First Name: STEVE; Middle Initial:	Status: C	$5,052	$1,150	$6,202
Title: FINANCIAL SEC				
4. Last Name: FISH; First Name: LEE; Middle Initial:	Status: C	$2,063	$349	$2,412
Title: RECORDING SEC				
5. Last Name: ; First Name: ; Middle Initial:	Status:			$0
Title:				
6. Last Name: ; First Name: ; Middle Initial:	Status:			$0
Title:				
7. Last Name: ; First Name: ; Middle Initial:	Status:			$0
Title:				
8. Totals from additional pages (if any)		$0	$0	$0
9. Totals of Lines 1 through 8		$15,388	$3,933	$19,321
			10. Less Deductions	$4,217
		The Total from Line 11 will be entered in Item 45	11. Net Disbursements	$15,104

* Code for (C) Status: past officer – P, continuing officer – C, new officer during the reporting period – N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER: 025-182

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	$113,631	$110,207	32. Accounts Payable	$0	$0
26. Loans Receivable	$0	$0	33. Loans Payable	$0	$0
27. U.S. Treasury Securities	$0	$0	34. Mortgages Payable	$0	$0
28. Investments	$0	$0	35. Other Liabilities	$0	$0
29. Fixed Assets	$13,075	$13,075	36. TOTAL LIABILITITES	$0	$0
30. Other Assets	$0	$0			
31. TOTAL ASSETS	$126,706	$123,282	37. NET ASSETS (Item 31 less Item 36)	$126,706	$123,282

STATEMENT B RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues	$94,706	45. To Officers (from Item 24)	$15,104
39. Per Capita Tax	$0	46. To Employees (less deductions)	$23,224
40. Fees, Fines, Assessments & Work Permits	$0	47. Per Capita Tax	$8,945
41. Interest & Dividends	$2,467	48. Office & Administrative Expense	$20,442
42. Sale of Investments & Fixed Assets	$0	49. Professional Fees	$2,100
43. Other Receipts	$1,217	50 Benefits	$0
44. TOTAL RECEIPTS	$98,390	51 Contributions, Gifts & Grants	$1,145
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	$0
		53. Loans Made	$0
		54. Other Disbursements	$30,854
		55. TOTAL DISBURSEMENTS	$101,814

56. ADDITIONAL INFORMATION

FILE NUMBER: 025-182

General Information: 54.

OTHER DISBURSEMENTS & MISCELLANEOUS EXPENSES

Meeting		9,315
Wage Conference		0
Educational Conference		5,651
Convention - State & National		1,259
Refunds		400
Insurance & Withdrawal Cards		1,432
Payroll Taxes		11,785
Insurance		0
Mortgage Principle		0
Mortgage Interest		0
Building Improvements		0
Charity		250
Other -	Union Functions	3,020
	Union Bibles	1,675
	0	0
	0	0
SUBTOTAL		34,787
Less line 24, Column E Allowances & Other Disbursements		(3,933)
TOTAL		30,854